

CHARTING ACCREDITATION'S FUTURE

Continuing Our Collaboration to Create Practice-Ready, Team-Oriented Patient Care Pharmacists

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National efforts to achieve a health care system that improves individual patient outcomes, advances the health status of the population and is more cost effective validate the profession's decision in the early 1990s to move to the entry-level PharmD. The epidemic of chronic illness, aging of the population and increased power and complexity of pharmacotherapeutics are all part of this calculus. Adoption of the all PharmD resulted from the combined analysis of the education, practice and regulatory interests in pharmacy and major curriculum changes by the colleges.

Pharmacy has an important history of such tripartite collaboration which led to the creation of the independent accrediting agency for degree programs in 1932. Continuing in this tradition of strength, the Accreditation Council for Pharmacy Education worked closely with its founding partners (American Association of Colleges of Pharmacy, American Pharmacists Association and National Association of Boards of Pharmacy) throughout the planning and execution of the September 2012 summit. The manuscripts documenting the content and outcomes of the invitational conference are published in this issue of the *Journal*.

Several consistent and important themes were articulated by plenary and panel presenters and echoed through the work of the small groups. We heard that the profession, but more importantly the public and our colleague health professional partners, want and need the academy to prepare pharmacists to meet the competencies identified by the Institute of Medicine.¹ IOM states that we need clinicians who are patient-centered and prepared to deliver evidence-based care in interprofessional teams using informatics and tools of quality improvement to enhance safety and patient outcomes. The clarion call seemed to be "practice-ready for team-based care" as the intended outcome of our PharmD programs. There was no dispute

about the value of postgraduate residency training to prepare specialists and to accelerate the maturation of pharmacists' clinical skills. However, attendees at the conference expressed a clear expectation of practice readiness upon graduation and licensure.

The second consensus position reached at the ACPE conference was that we need a myriad of attributes broadly defined as within the affective domain.² Among the priorities noted in this regard are excellent communication skills, critical thinking, professionalism, leadership, and cultural competence, all in the context of interprofessional teamwork. Equipping pharmacists to command the scientific knowledge to expand clinical practice in pharmacogenomics was an additional top priority. Collectively, this all requires pharmacists to embrace informatics and fully incorporate such skills into their work in all settings.

What surprises came from the summit? The biggest surprise was that there were no real surprises! Interprofessional practice, patient safety and quality, informatics, pharmacogenomics, enhanced communications skills are well-established areas for curricular intensification. Educators agree that we are not at the point where any of these constructs are mature or fully integrated into the PharmD curriculum. However these clearly fall into the current competencies for accredited programs. Their emphasis will certainly be stronger as the American Association of Colleges of Pharmacy (AACP) Center for the Advancement of Pharmacy Education competency panel completes its current work. AACP will publish a new guiding document for subsequent incorporation into curricula and accreditation standards.

The fact that there were no specific surprises does not suggest that there were no challenges identified by summit participants. The challenges, along with the "not quite there yet" curricular outcomes, must receive adequate attention in the standards revision process that will be initiated by ACPE later this year. Summit attendees recognized that the most vulnerable component of the current educational model is the lack of mature, authentic pharmacy practices where students can observe, learn

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and deliver patient-centered team-based care. Practices do exist and several of the innovators and practice leaders presented at the summit, but they must move from pockets of excellence to the predominant standard of pharmacy services. This has been and must continue to be a focus of collaboration among the practice, education and regulatory communities. Strengthening quality improvement in pharmacy practice, through efforts like practice accreditation, is a positive step in this direction.

A second challenge identified was the slow maturation of quality assessment tools and procedures relevant to continuous quality improvement in pharmacy education. The leading scholar of quality in higher education presented at the summit. It was actually surprising to hear Dr. Banta state that the field is advancing at a glacial pace. Standardized examinations for professional licensure were noted as one of the most effective tools for assessing and benchmarking education program quality. The commitment is strong among our organizations to assure that our examination (the North American Pharmacist Licensure Examination [NAPLEX]) remains valid, reliable and measures the intended outcomes of PharmD programs, as well as the consideration of additional valid assessment tools.

The final challenge relates to the pace of change in both education and health care delivery. It is imperative

that the leaders in pharmacy education, practice and regulation work to enable pharmacists and pharmacy educators in the field with the knowledge and tools they need to navigate toward new models of caring and learning. This must be done in an era of highly restrained resources where producing and demonstrating value will be far more important than ever.

The AACP, American Pharmacists Association, and National Association of Boards of Pharmacy remain steadfastly committed to our decades-long collaboration to advance the quality of pharmacy education and practice to meet societal needs. No one sector can accomplish this alone. The voices of the profession as heard at the ACPE summit were loud, strong and unified – we need patient-care and team-ready pharmacy graduates to help us accelerate the important changes in pharmacy practice in an era where value creation, not units of production, is the meaningful focus of our work.

REFERENCES

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2. Mason HL, Assemi M, Brown B, et al. Report of the 2010-2011 Academic Affairs Standing Committee. *Am J Pharm Educ*. 2011; 75(10):Article S12.